

**Texas Department of Insurance, Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**PART I: GENERAL INFORMATION**

Requestor's Name and Address:	MFDR Tracking #: M4-09-9848-01
Austin Open MRI	
PO Box 933367	
Atlanta, GA 31193-3367	
Respondent Name and Box # 46	
UNIVERSITY OF TEXAS SYSTEM	

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary states in part: "We mailed the claim in April 4, 2008. The bill was audited on 4/24/08. We were denied because we were missing necessary documentation to substantiate the claim. We mailed the necessary documentation on May 5, 2009. Before May 5, 2009, we tried five to six, {sic} to reach either UT or Genex (Bill Review Company) before someone actually told us the necessary documentation needed for {sic} claim. We had a note stating that if Genex wasn't able to resolve the claim to call Juanita Pitchler. When we tried to reach the adjustor, {sic} we didn't receive any response when a voice mail was left for her. When we provided the MRI report on May 5, 2009, we were denied for timely. {sic} UT/Genex had the report on 4/24/08. We provided our services in good faith of prompt payment. It seems that the insurance companies are changing the rules in order not to pay workers compensation claims since we aren't allowed the {sic} bill the patient until final adjudication is reached on claims."

Principle Documentation:

1. DWC 60 package
2. Medical Bill(s)
3. EOB
4. Total Amount Sought-\$ 621.63

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary states in part: "In response to the requestor's appeal, we are upholding the untimely submission denial as the provider did not submit this reconsideration timely in accordance with rule 133.250 which states "The health care provider shall submit the request for reconsideration no later than eleven months from the date of service."

Principle Documentation:

1. Response to DWC 60

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Denial Code(s)	Disputed Service	Amount in Dispute	Amount Due
3/27/08	150, 29, W4	72148	\$621.63	\$0.00

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

1. Medical Fee Dispute Resolution (MFDR) received the DWC-60 on 6/29/09. The date of service in dispute is 3/27/08.
2. 28 TAC Section 133.307(c)(1)(A) states in part, "A request for medical fee dispute resolution that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute."
3. This dispute was not submitted timely and is not eligible for review.
4. The Division concludes that this dispute was not filed in the form and manner prescribed under Rule 133.307 section (c)(1)(A). As a result, the amount ordered is \$0.00.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Sec. §413.011(a-d), §413.031 and §413.0311
28 Texas Administrative Code Section 133.307

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. §413.031, the Division has determined that the Requestor is entitled to \$0.00 reimbursement.

August 25, 2009

Authorized Signature

Medical Fee Dispute Resolution Officer

Date

PART VIII: : YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.